

# BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

CLAIMS						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					56					
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40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	9				TOTAL IND.					
TOTAL DEP.	46				TOTAL DEP.					
TOTAL CLAIMS	55				TOTAL CLAIMS					